

Youth Mentee:

Mentor Applicant:



## MENTOR REFERENCE RESPONSE FORM

**Mentor:** Please indicate the names of the youth mentee and adult mentor applicant at the top of form and provide form to two individuals who will serve as your references.

**Reference:** Please complete this form and return to MYCA via email to: [DMVA-Apply-MYCA@michigan.gov](mailto:DMVA-Apply-MYCA@michigan.gov).

The adult mentor noted above has applied to be a volunteer mentor with the Michigan Youth Challenge Academy (MYCA). He/she is being considered to mentor an at-risk youth in a one-to-one relationship. Your answers will help us determine his/her suitability to serve in this capacity. Information received will be kept confidential.

In what capacity do you know the potential mentor?

How long have you known the mentor applicant?

Does the mentor applicant have a good home relationship/environment? Yes ☐ No ☐ Unknown ☐

Does he/she tend to overcommit him/herself? Yes ☐ No ☐ Unknown ☐

Does he/she tend to get too involved? Yes ☐ No ☐ Unknown ☐

Please rate him/her as excellent, good, average, poor or unknown:

Personal habits/lifestyle	Choose One
Role model for youth	Choose One
Decision-making ability	Choose One
Ability to work with others	Choose One
Completes commitments	Choose One
Emotional stability	Choose One
Receives constructive criticism	Choose One

Would you want this person to mentor your own child or family member? Yes ☐ No ☐

Please explain:

**DISCLAIMER:** By typing your name below, you are signing this reference form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

Reference Name:

Reference Signature:

Date:

Personal Phone Number:

Work Phone Number: